

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12						
13						
14						
15						
16						
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22	1					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	34					
TOTAL	37					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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66						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						

BEST AVAILABLE COPY